## L19000244289

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## **COVER LETTER**

TO: Registra Division	tion Section of Corporations		
	Keys For Sale LLC		
	Name of Li	imited Liability Company	1
The enclosed Artic	cles of Amendment and fee(s) are so	ibmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	Leila Alieva		_
		Name of Person	- <del></del>
	<del></del>	Firm/Company	
	1321 Newton st, Apt. B		
		Address	
	Key West, Fl 33040		
	leila@thekeys.forsale	City/State and Zip Code	<del></del>
For further informa	E-mail address: tion concerning this matter, please of	(to be used for future annual report	notification)
Leifa Alieva		305 509-1056	
N:	ame of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		•
■ \$25.00 Filing Fo	ee   \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	on Section of Corporations	Street Address: Registration 9 Division of C The Centre o	Section orporations
	ee. FL 32314		roe Street, Suite 810

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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Keys For Sale LLC		•
(Name of the Limited Liabi (A Florid	lity Company as it now appears on ou da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on09/27/201	9 and assigned
Florida document number 1.19000244289		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Leila Alieva LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designati	
Enter new principal offices address, if applicable:		2028 I
(Principal office address MUST BE A STREET ADD	RESS)	AAC HA
	·	
		(A)
Enter new mailing address, if applicable:		55
(Mailing address MAY BE A POST OFFICE BOX)		21 E
	<del></del>	
B. If amending the registered agent and/or registere	ed office address on our records	enter the name of the new register.
agent and/or the new registered office address here:		
	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
<del></del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			□Add
			□Remove
			□ Change
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ective date, if other than th	e date of filing:	(on	tional)
	ust be specific and cannot be prior to dat block does not meet the applicable s	e of filing or more than 90 days aft	er filing.) Pursuant to 605.0;
cument's effective date on the	Department of State's records.	sample for the second s	ns date win not be usted
eard enwritige a dalawyd att air	in deed by a constant		
s filed.	ive date, but not an effective time, a	t 12:01 a.m. on the earlier of: (	b) The 90th day after the
March 11	2020		
ed			
	h)		
	Signature of a member or authorized	representative of a member	